



COVID-19 Liability Waiver

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), NuVo Aesthetic & Wellness is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfection procedures in accordance with the CDC.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Coughing
- Difficulty breathing

I agree to the following:

(Please check the following)

___ I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above **WITHIN THE LAST 14 DAYS.**

___ I affirm that I, as well as all household members, have not been diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**

___ I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**

___ I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections **WITHIN THE PAST 30 DAYS.**

___ I understand that NuVo Aesthetic & Wellness cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

NuVo Aesthetic & Wellness is following these enhanced procedures to prevent the spread of COVID-19:

- Prepayment for services available if clients prefer contactless checkout
- Additional time included between appointments to prevent client contact with each other
- Guests accompanying those scheduled for services discouraged
- Each client required to wash hands upon arrival and before leaving
- Your Nurse/Doctor/Esthetician will thoroughly clean hands and wear nitrile gloves during all treatments
- Your Nurse/Doctor/Esthetician will wear a clean set of gloves and cloth mask for each client
- All skincare product bottles used during treatment will be placed on the trolley for disinfection and disposable items will be used when possible
- All surfaces will be wiped thoroughly with hospital grade disinfectant before and after each client according to the manufacturer's directions

By signing below, I agree to each statement above and release NuVo Aesthetic & Wellness from any and all liability for the unintentional exposure or harm due to COVID-19.

NuVo Aesthetic & Wellness agrees to abide by these standards and affirms the same.

Printed Name: _____

Signature: _____

Date: _____



CLIENT INFORMATION AND MEDICAL HISTORY

All information is strictly confidential.

PERSONAL HISTORY

First Name _____

Home Phone _____

Last Name _____

Work Phone _____

Mobile Phone _____

Address _____

Zip Code _____

Gender _____

City _____

Ethnicity _____

State _____

Occupation _____

Birthdate _____

E-mail _____

Age _____

Emergency contact name and phone number _____

How did you hear about us? _____

Which of the following best describes your skin types? (Please circle **one** skin type number)

1. Always burns, never tans
2. Always burns, sometimes tans
3. Sometimes burns, always tans
4. Rarely burns, always tans
5. Brown, moderately pigmented skin
6. Black skin

MEDICAL HISTORY

Are you currently under the care of a physician? YES NO

Are you currently under the care of a dermatologist YES NO

Please list *all* medications _____

Do you have any allergies to medications? _____

Are you currently taking antibiotics? _____

Do you take any medications for hearts conditions? _____

Are you on any mood altering or anti-depression medication? _____

What topical medications or creams are you currently using? _____

What herbal or other supplements do you use regularly? _____

<i>Medical History (past or present)</i>	YES	NO	<i>Medical History (past or present)</i>	YES	NO
Active skin infection or irritation			Autoimmune disease		
Darkening of the skin (hyperpigmentation)			Bleeding/clotting disorder		
Lightening of the skin (hypopigmentation)			Cancer		
Thick or raised scarring			Cold sores		
Used Accutane in the past 6 months			Eczema/psoriasis		
Using Retinol or Glycolic acid			Herpes		
Currently smoke or use other tobacco			Hepatitis		
Regular alcohol consumption			Pace maker/ defibrillator		
Birth control/hormone replacement			Polycystic ovarian syndrome		
Tattoos/permanent make-up			Thyroid disorder		
If "Yes" please explain:			If "yes" please explain:		

Do you have any other health problems or medical conditions not listed?

FOR FEMALE CLIENTS

Are you pregnant or trying to become pregnant? YES NO
 Are you breastfeeding? YES NO
 Are you using contraception? YES NO

I certify that the preceding Personal, Medical, and Medication history statements are true and correct. I am aware that it is my responsibility to inform the doctor, esthetician, or other health professional of my current medical or health conditions and to update this history in timely fashion. A current and accurate medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature _____ Date _____



FINANCIAL POLICY

Please take a moment to read this document thoroughly, sign and date the bottom indicating that you understand and agree to comply with these policies.

- **Payment is due at the time services are provided.** We accept cash, credits, and checks.
- **Payment Plan:** NuVo Aesthetic & Wellness offers 90-day no finance on services rendered for treatments over \$100 per session. NuVo will hold your card on file until the balance is paid in full. At the end of the three-month term of each service, the office reserves the right to charge 18% interest on any remaining balance. Any unpaid balance over 60 days on your account may be assessed a late fee. After 120 days, your account may be assigned to a collection agency. You will be responsible for 100% of our fees as well as any additional fees incurred to resolve this matter. (Payment plan not valid for groupons, laser lipo, acupuncture, massages, and waxing packages.)
- **Returned Checks.** A \$40.00 processing fee will be assessed for any check returned by the bank for reason. This may result in refusal of payment in the future.
- **Broken appointments.** In the event that you unable to make your scheduled appointments, please cancel at least 24 hours prior to the appointment. Canceled or changed appointments with less than 24 hours' notice will result in a fee of \$25 per appointment. For Package plan purchases, one session may be forfeited in lieu of a fee for missed appointments.

If you are more than 15 minutes late for your appointment you will be asked to reschedule.

Terms subject to change without notification.

I have read, understand, and agree to all the terms of NuVo Aesthetic & Wellness financial policy.

Client Printed Name

Client Signature

Date



HIPAA NOTICE OF PRIVACY PRACTICES

(Effective December 19, 2018)

At NuVo Aesthetic & Wellness, Dr. Sunil Patel and his medical staff understand that health information about you is very personal and we are mandated by the Health Insurance Portability and Accountability Act (HIPAA) to protecting your health information. We create a record of the care and services you receive from us, and this record helps to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of our care generated by us and informs you about the ways in which we may use and disclose information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the Notice that is currently in effect.

How we may use and disclose health information about you:

- For Treatment
- For Payment
- For Healthcare operations
- As required by law
- Public Health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- To avert a serious threat to health and safety
- As required by the Military or Veterans and Workers Compensation
- Coroners, health examiners and funeral directors
- National Security and Intelligence activities
- Protective Services for the President and others
- Security Officials for Inmates
- For any services provided by NuVo Aesthetic & Wellness
- For appointment reminders

Your rights regarding Health Information about you:

- Right to inspect and copy
- Right to amend
- Right to Accounting and Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communication

Your Medical Records: The original copy of your and/or electronic medical record is the property of NuVo Aesthetic & Wellness and Dr. Sunil Patel. You may request a copy of your records to be transferred by completing a medical records release form.

Changes to this Notice: We reserve the right to change this notice. We will post a copy of current notice in our facility with the current effective date.

Complaints: if you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please contact the Office Manager at NuVo to file a complaint. For complete, detailed information regarding privacy law, visit www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html.

Permission to Share your Health Information: We are required to follow certain federal guidelines and laws regarding the confidentiality of your personal health information. One of these prevents us from discussing anything in your medical file with anyone other than yourself or other medical personnel involved in your care. If you would like us to discuss your treatment records or other personal information with your significant other, family members, or any other individuals, please fill in their name and relationship to you in the section listed below.

Acknowledgment of Receipt of NuVo Aesthetic & Wellness HIPAA NOTICE OF PRIVACY PRACTICES:

We request that you sign this form acknowledging you have received, read, and reviewed NuVo Aesthetic & Wellness HIPAA Notice of Privacy Practices. If the patient is a minor, the legal guardian is automatically appointed by law to provide/receive protected information on behalf of the patient. I will notify Dr. Patel and/or his staff of any changes or updates to this record. This acknowledgment will become part of your records.

Patient Name: _____ Date: _____

Patient Signature: _____

Relationship to Patient: _____



Sclerotherapy Informed Consent

What is sclerotherapy?

Sclerotherapy is a popular method of eliminating spider veins and small varicose veins using a solution called a sclerosing agent. The sclerosing agent is injected into the veins to break down the vein wall.

Does sclerotherapy work for everyone?

Most individuals who receive sclerotherapy treatments will have visible improvement or clearing of the veins completely. However, there is no guarantee that sclerotherapy will be effective in every case. Some veins may be too small for sclerotherapy and may require laser treatment. All sclerotherapy patients should wear compression hose for 2 weeks following treatment.

How many treatments will I need?

The number of treatments needed to clear or improve varicose or spider veins differ for each person. The number of treatments can range from one to six, with the average number being three or four. Individual veins may require more than one treatment. Over time, as we age, more veins may appear. These vessels may be treated as well if you so choose.

What are the most common side effects?

- **Itching:** You may experience mild itching along the vein route. This normally lasts 1-2 days
- **Transient Hyperpigmentation:** Some patients may notice a darkening of the vein immediately after the procedure. In rare instances the darkening may persist for 4 to 12 months. This can be corrected with a medication to lighten the area.
- **Sloughing:** Sloughing consists of a small, slowly healing ulceration at the injection sites. A blister may form, open, and become ulcerated. The scar that follows should return to a normal color.
- **Allergic reactions:** Very rarely a patient may have an allergic reaction to the sclerosing agent. This risk is greater in patients who have a history of allergic reactions.
- **Pain:** A few patients may experience moderate to severe pain and some bruising around the injection site. The veins may be tender to the touch after treatment and an uncomfortable sensation may be felt along the vein route. This pain is usually temporary, lasting 1 to 7 days.

Other side effects include a burning sensation during injection of the solution, neovascularization (the temporary development of new, tiny blood vessels), transient phlebitis reactions (temporary swelling of the vein may cause the ankle to swell), temporary superficial blebs (similar to hives), and very rarely wound infection, poor healing or scarring. Phlebitis is an exceedingly rare complication. The dangers of phlebitis include the possibility of pulmonary embolus (a blood clot in the lungs) and post-phlebitis syndrome, in which the blood is not carried out of the legs, resulting in permanent swelling of the legs.

What should I do or not do after the procedure?

- You should avoid strenuous exercise for 48 hours after treatment. This includes high impact exercising such as jogging, weightlifting, or strenuous biking. No swimming for 7 days, and no hot tubs for 2 weeks after treatment. Walking is okay, as are normal daily activities.
- You should not take ibuprofen or other over-the-counter anti-inflammatory medication for the first 48 hours after treatment.
- You should protect your skin from ultraviolet rays by avoiding sunbathing for 1 week after treatment. When out in the sun, use sunscreen with an SPF 45 or higher. This will decrease the chance of

permanent skin staining over the area where you were treated.

- You should avoid sitting in hot water (baths, hot tubs, saunas, etc) for 2 weeks after treatments. Showers are fine.
- Your dressings should be worn for 48 hours following the treatments

To avoid misdiagnosis, please call us first (prior to going to an emergency room or your primary care provider) with any problems you may have with your leg. If, for some reason, you follow up with another medical provider, please have that physician call us to avoid any confusion. **If you have any questions or notice any type of adverse reaction, please call us immediately.**

By initialing I acknowledge that I have received a copy of this sclerotherapy information and consent form.

_____ **Initials**

By signing below, I acknowledge that I have read the sclerotherapy information and consent form and that the doctor, and/or such associates or assistants as may be selected, has adequately informed me of the risks and complications for the procedure. I understand that during the procedure unforeseen conditions may become apparent which require an extension of the original procedure or different procedures or additional treatments from that described above I also understand that if this procedure is being performed for cosmetic reasons that payment is due on the date of service and that a claim for the service provided will not be sent to my insurance company. I have had sufficient opportunity to discuss my treatment options and all my questions have been answered to my satisfaction. I acknowledge that no guarantee has been made to me as result or cure.

Patient Printed Name: _____

Patient Signature: _____ Date: _____

Doctor/NP Signature: _____ Date: _____



Sclectrotherapy Pre/Post Instructions

Instructions Prior to Sclectrotherapy

1. To optimize your results, we ask that you purchase compression stockings prior to your treatment and bring them with you to the appointment. We recommend compression stockings with 20-30 mm Hg compression. You can purchase quality stockings from www.brightlifedirect.com. These generally cost \$10-\$50. You may also purchase stockings locally from the Medical Arts Pharmacy or Price Rite. Pantyhose style (waist-highs) work the best. Thigh highs are available but beware that, while they are cooler, they tend to sag.
2. You should not have a tan at the time of your treatment. Avoid sun exposure on the legs for 1 month prior to your sclectrotherapy treatment.
3. Do not use moisturizers on the day of your treatment.
4. You may be most comfortable wearing shorts or a skirt for the treatment.
5. Your legs will be bandaged with cotton balls and an adhesive compression tape for the first 24 hours. Please let us know if you have allergies or sensitivities to either adhesives or latex.

Instructions Following Sclectrotherapy

1. Proper bandaging following sclectrotherapy is critical for the success of the procedure. Leave the cotton balls, compression bandages, and compression stockings in place for 24 hours. After 24 hours, remove the compression tape and cotton balls. You may find it easier to remove the compression tape after soaking in a warm bath or shower. Put the compression stockings back on after the bandages are removed.
2. Compression stockings should always be worn until bedtime for 14 days. It is not necessary to sleep with your stockings on. Remove them prior to bathing.
3. Bruising and discoloration are common after sclectrotherapy. These issues will resolve over several weeks. It is especially important to avoid sun exposure to the treatment areas after sclectrotherapy. Sun exposure can cause hyperpigmentation (skin darkening) in treated areas. Wear protective clothing and a broad-spectrum sun block for at least 1 month after the treatment.
4. Exercise following sclectrotherapy is okay. Avoid strenuous, high-impact activities for one week after the treatment.
5. Avoid excessively hot baths, showers, or hot tubs for one week after the treatment.
6. Occasionally, when treating larger vessels, a small clot or "knot" may develop. If this happens, we would like for you to call us. Sometimes we do a simple extraction of this clot or may opt to let it dissolve on its own.
7. Pain after sclectrotherapy is usually minimal and goes away after 1-2 days. If you experience discomfort, you may take a Tylenol or Extra-Strength Tylenol. If you experience significant pain, redness, swelling, crusting, or bleeding, call our office immediately.

Please contact the office immediately at 301-725-2209 or info@hulyas.com if you are experiencing extreme adverse reactions. Do not go to another provider unless instructed to do so, to avoid confusion.